

BK 0395 PG 0687

STATE MS.-DE SOTO CO.
FILED

JUL 9 2 51 PM '01

FILE #01-123
PREPARED BY & RETURN TO:
MCFALL LAW FIRM
7105 SWINNEA RD SUITE 1
SOUTHAVEN, MS 38671
(662) 349-7780

SANDRA J. MULLINS
GRANTOR

TO

BK 395 PG 687
W.L. K.

WARRANTY DEED

LAWRENCE BRIGGMAN
GRANTEE

FOR AND IN CONSIDERATION of Ten Dollars (\$10.00), cash in hand paid, and for other good and valuable considerations, the receipt and sufficiency of all of which is hereby acknowledged, SANDRA J. MULLINS, does hereby sell, convey, and warrant unto **LAWRENCE BRIGGMAN**, the following described property situated in the County of DeSoto, State of Mississippi, together with all improvements and appurtenances thereon more particularly described as follows:

Lot 296, in Section B, of Lake O'The Hills Subdivision, in Section as recorded in the DeSoto County Register's Office, Section 19, Township 3 South, Range 9 West, as recorded in Plat Book 2, Pages 35-36, and being more particularly described as follows:

Beginning at a point in the northwest line of Benvenue Cove, said point being a common corner of Lots 297 and 296; thence northeastwardly along said northwest line a distance of 95.14 feet to a corner of Lot 295; thence northwestwardly along the line of Lot 295; thence northwestwardly along the line dividing Lots 295 and 296 a distance of 165.0 feet to a point in the southeast line of a Lake thence southwestwardly along said southeast to a corner of Lot 297; thence southeastwardly along the line dividing Lots 297, and 296 a distance of 200.0 feet to the point of beginning. .

The above property is the same property conveyed to the Grantor and spouse by Special Warranty Deed in Book 242, Page 95, in the Chancery Clerk's Office of DeSoto County, Mississippi.

By way of further explanation: Sandra J. Mullins conveys title as sole owner by way of her survivorship of her husband Edward R. Mullins who passed away on October 10, 1999.

The warranty in this deed is subject to right of ways of easements for public roads and public utilities, subdivision and zoning regulations in effect in DeSoto County, Mississippi, and further subject to all applicable building restrictions and restrictive covenants of record.

Taxes for the year 2001 have been prorated between Grantor and Grantee and are to be paid on due date by Grantee.

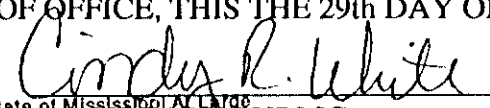
WITNESS OUR SIGNATURE, this the 29th day of June, 2001.


SANDRA J. MULLINS

STATE OF MISSISSIPPI:
COUNTY OF DESOTO;

PERSONALLY APPEARED before me, the undersigned authority at law, in and for the State and County aforesaid, within named: SANDRA J. MULLINS who acknowledged that she signed and delivered the above and foregoing Deed on the day and year therein mentioned, as her free act and deed, and for the purposes therein expressed.

GIVEN UNDER MY HAND AND SEAL OF OFFICE, THIS THE 29th DAY OF JUNE, 2001


Cindy R. White
Notary Public State of Mississippi
My Commission Expires: August 20, 2003
Bonded Thru Helden, Brooks & Garland, Inc.

My Commission Expires:

Property Address: 3695 Benvenue Cove, Hernando, MS 38632

GRANTOR'S ADDRESS

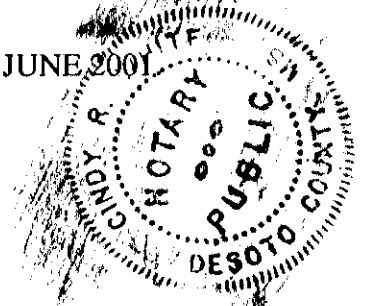
7609 Woodshire
Horn Lake, MS 38639
662-9280-9904 - Home
HM PHONE WK PHONE

GRANTEE'S ADDRESS

3695 Benvenue Cv.
Hernando, MS 38632

HM PHONE WK PHONE

Grant 662-277-7619





TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

BK0395PG0688

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last) EDWARD ROBERT MULLINS				2. SEX Male		3. DATE OF DEATH (Month, Day, Year) October 10, 1999	
4. SOCIAL SECURITY NUMBER (of Decedent) 413-60-6759		5a. AGE LAST BIRTHDAY (years) 60		5b. UNDER 1 YEAR MO: 00 DAY: 00 HOUR: 00 MIN: 00		6. DATE OF BIRTH (Month, Day, Year) Aug. 14, 1939	
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 <input checked="" type="checkbox"/> Yes 2 <input type="checkbox"/> No		9a. PLACE OF DEATH (Check only one) HOSPITAL: 1 <input checked="" type="checkbox"/> Inpatient 2 <input type="checkbox"/> ER/Outpatient 3 <input type="checkbox"/> DOA OTHER: 4 <input type="checkbox"/> Nursing Home 5 <input type="checkbox"/> Residence 6 <input type="checkbox"/> Other (Specify)		7. BIRTHPLACE (City and State or Foreign Country) Batesville, Ms.			
9b. FACILITY NAME (If not institution, give street and number) Baptist Central				9c. CITY, TOWN, OR LOCATION OF DEATH Memphis, Tn.		9d. COUNTY OF DEATH Shelby	
10. MARITAL STATUS: Married, Never Married, Widowed, Divorced (Specify) Married		11. SURVIVING SPOUSE (If wife, give maiden name) Sandra Gaskin		12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) Supervisor		12b. KIND OF BUSINESS/INDUSTRY U.S. Army Corps of Engineers	
13a. RESIDENCE-STATE Mississippi		13b. COUNTY Desoto		13c. CITY, TOWN OR LOCATION Hernando		13d. STREET AND NUMBER OR RURAL LOCATION 3695 Benvenue	
13e. INSIDE CITY LIMITS? 1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No		13f. ZIP CODE 38632		14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No. If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		15. RACE-American Indian, Black, White, etc. (Specify) White	
						16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 12 College (1-4 or 5+)	

PARENTS

17. FATHER'S NAME (First, Middle, Last) Bernard Roosevelt Mullins Sr.		18. MOTHER'S NAME (First, Middle, Maiden Surname) Mary Frances Osburn	
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INFORMANT

19a. INFORMANT'S NAME (Type/Print) Sandra Mullins		19b. RELATIONSHIP TO DECEDENT Wife		19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 3695 Benvenue Hernando, Ms. 38632	
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DISPOSITION

20a. METHOD OF DISPOSITION 1 <input checked="" type="checkbox"/> Burial 2 <input type="checkbox"/> Cremation 3 <input type="checkbox"/> Removal from State 4 <input type="checkbox"/> Donation 5 <input type="checkbox"/> Other (Specify)		20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Forest Hill South		20c. LOCATION-City or Town, State Memphis, Tn.	
21a. SIGNATURE OF FUNERAL DIRECTOR <i>[Signature]</i>		21b. LICENSE NUMBER OF FUNERAL DIRECTOR 3541		21c. SIGNATURE OF EMBALMER <i>[Signature]</i>	
21d. LICENSE NUMBER OF EMBALMER 3835		22a. NAME AND ADDRESS OF FUNERAL HOME Forest Hill Funeral Home South 2545 E. Holmes Rd. Memphis, Tn. 38118		22b. LICENSE NUMBER OF FUNERAL HOME 920	

REGISTRAR

23. REGISTRAR'S SIGNATURE <i>[Signature]</i> Deputy		24. DATE FILED (Month, Day, Year) NOV 05 1999	
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CERTIFIER

25a. PHYSICIAN - To the best of my knowledge, death occurred at the date and place, and due to the cause(s) and manner as stated. 1 <input type="checkbox"/> SIGNATURE AND TITLE OF PHYSICIAN <i>[Signature]</i>		25b. LICENSE NUMBER MD 020638		25c. DATE SIGNED (Month, Day, Year) 11/2/99	
26a. MEDICAL EXAMINER - On the basis of examination and/or investigation, in my opinion, death occurred at the date and place, and due to the cause(s) and manner as stated. 2 <input type="checkbox"/> SIGNATURE AND TITLE OF MEDICAL EXAMINER		26b. LICENSE NUMBER		26c. DATE SIGNED (Month, Day, Year)	

N OR MED-
AMINER EX-
CERTIFICATE
MPLATE AND
ICAL CERTIFI-
WITHIN 40

INSTRUCTIONS
ON REVERSE SIDE

CAUSE OF DEATH

27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print) DR. STEVAN HIMMELSTEIN - 401 SOUTHCREST CIRCLE, STE. #211 - SOUTHAVEN, MS. 38671					
28. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. CVA DUE TO (OR AS A CONSEQUENCE OF): b. CAD DUE TO (OR AS A CONSEQUENCE OF): c. CITF DUE TO (OR AS A CONSEQUENCE OF): d. Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST					Approximate Interval Between Onset and Death
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.					
29a. WAS AN AUTOPSY PERFORMED? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		29b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No			
30. MANNER OF DEATH 1 <input type="checkbox"/> Natural 5 <input type="checkbox"/> Pending investigation 2 <input type="checkbox"/> Accident 6 <input type="checkbox"/> Could not be determined 3 <input type="checkbox"/> Suicide 4 <input type="checkbox"/> Homicide		31a. DATE OF INJURY (Month, Day, Year)		31b. TIME OF INJURY M - 2	
31c. INJURY AT WORK? 1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No		31d. DESCRIBE HOW INJURY OCCURRED			
31e. PLACE OF INJURY-At home, farm, street, factory, office building, etc. (Specify)		31f. LOCATION (Street and Number or Rural Route Number, City or Town, State)			

BIRTH NO.

BK0395PG0689

MEMPHIS & SHELBY COUNTY HEALTH DEPARTMENT-814 JEFFERSON AVE., MEMPHIS, TENNESSEE
THIS IS TO CERTIFY that this is a true and correct copy of the record filed with
the Tennessee Vital Records by the Memphis & Shelby County Health Department.

SEAL

Date Issued

NOV 08 1999

by Glenn D. Fouse
Glenn D. Fouse, Registrar
Vital Records Section